## Agency Report of: Ceremonial Role Events and Ticket/Admission Distributions

## **A Public Document**

		•					
1.	Agency Name				Date Stamp	California 202	
	CITY OF INDIAN WELLS					Form OUZ	
	Division, Department, or Region (if applicable)				1	For Official Use Only	
	Street Address				-		
	4950 ELDORADO DRIVE						
	Designated Agency Contact (Name, Title)				Amendment (Must provide explanation in Part 3.)		
	RODERICK J. WOOD, INTERIM CITY MANAGER						
	Area Code/Phone Number				Date of Original Filing: (month, day, year)		
	760/346-2489 rwood@indianwells.com						
2.	Function, Event, or Ceremonial Role Information						
	Title BNP PARIBAS OPEN TENNIS Face V				Value of Each Admission \$		
	Description TENNIS TOURNAMENT Date(s				s) 3 / 14 / 12		
	icket(s)/Admission(s) provided by agency? Yes ☑ No ☐ If no:						
		, agono, 103 <u>M</u> 110 <u>M</u> 1110.			Name of Source		
	Mas the distribution to measure identify	the distribution to persons identified below made at the behavior of an exency official?					
	was the distribution to persons iden	as the distribution to persons identified below made at the behest of an agency official?					
	Yes □ No ☑ If yes:						
	Official's Name (Last, First) and Title				•		
	The identity of recipient(s) and the explanation:						
				the income box if the agency official claims admission as income, if the agency official performed a ceremonial role,			
	(Last, First)	Number of	Agency Official		income. If the agency official per vide a description.	rormed a ceremonial role,	
	Organization (1)	Admission(s)/ Ticket(s)	Officials		come, describe the public purpos		
	(Name, Address, Description)	7.77			nial roles, performed by an agenc ition.	y official, individual, of	
	Manos, Ryan		Yes 🗹	Encourage	e Participation on Comm	ittees Income	
		2	No 🗆			mees	
			Yes 🗖			Income	
			No 🗖				
			Yes 🗖			Income	
			No 🗖			<u>~</u>	
			Yes ☐ No ☐			Income	
			Yes ☐ No ☐			Income	
3.			, •• <u> </u>				
ა.	ations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above,						
		OOD	INTE	ERIM CITY MANAGER	4-12-12		
	Print Name				Title	(month, day, year)	
	t fo	or any additional i	nformation inc	cluding amend	dment explanation.)		